



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF CHIROPRACTIC

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL AS A PRECEPTOR CHIROPRACTOR

INSTRUCTIONS

When to File

Students enrolled at approved U.S. chiropractic colleges may perform chiropractic procedures as Chiropractic Interns at a location other than the college premises once they have successfully completed *at least* two academic years of chiropractic college and met all of the college's requirements for its student/preceptor program. File this request if you are a Delaware-licensed Chiropractor and wish to be a Board-approved Preceptor for Chiropractic Interns.

Preceptor Responsibilities

The scope of practice of Chiropractic Interns and their Preceptor's responsibilities are explained in Section 1.3 of the Board's [Rules and Regulations](#).

Requirements

- ☐ Submit a completed, signed and notarized [Request for Approval as a Preceptor Chiropractor](#).
- ☐ Enclose the non-refundable [processing fee](#), by check or money order made payable to "State of Delaware."
- ☐ Submit written documentation from the chiropractic college stating that the college has approved you to be an adjunct faculty member in the student/preceptor program.

INFORMATION ABOUT PRECEPTOR

1. Name: _____
Last/Family Name First Name Middle
2. Delaware Chiropractor License Number: F1 - _____
3. Name of Chiropractic Practice: _____
4. Practice Address: _____
Street

City State Zip

PRECEPTOR EXPERIENCE

5. Have you practiced as a Chiropractor in Delaware for at least five years? Yes ☐ No ☐

6. Are you licensed to practice chiropractic in any other jurisdictions (state, U.S. territory, District of Columbia)? Yes ☐ No ☐ If yes, list other jurisdictions:

JURISDICTION	LICENSE NUMBER

7. Have you obtained the written approval of the chiropractic student's chiropractic college to serve as an adjunct faculty member for the purpose of a student/preceptor program? Yes ☐ No ☐

Submit written documentation from the chiropractic college stating that the college has approved you to be an adjunct faculty member in the student/preceptor program.

DISCLOSURES

8. Have you ever had any public or private sanction against your chiropractic license in Delaware or in any other jurisdiction? Yes ☐ No ☐
9. Have you ever knowingly violated any federal regulation including, but not limited to, those pertaining to the repayment of guaranteed federally funded student loans obtained to finance your chiropractic education? Yes ☐ No ☐

ACKNOWLEDGMENT OF PRECEPTOR RESPONSIBILITIES

10. Do you accept responsibility as the Preceptor for any Chiropractic Intern you agree to supervise? Yes ☐ No ☐
11. Do you understand that the **primary responsibility for the evaluation and treatment of the patient** by the chiropractic student rests with you as the Preceptor? Yes ☐ No ☐
12. Do you understand that the student **must** perform all chiropractic procedures under your supervision and direction? "Supervision and direction" means that you will be within the immediate patient treatment area, the clinic proper, and **available to the students at all times**. Yes ☐ No ☐
13. Do you understand that you, as the Preceptor, must **review and approve** documentation of all evaluation and treatment of the patient and all changes to such evaluation and treatment plans? Yes ☐ No ☐
14. Do you understand that all chiropractic procedures performed by chiropractic students must comply with all laws, rules, and regulations regarding the practice of chiropractic in Delaware? Yes ☐ No ☐
15. Do you understand that students performing chiropractic procedures under your supervision will be known as "chiropractic interns" and will not represent themselves to the public as licensed Chiropractors or use terms such as "Chiropractor," "Doctor of Chiropractic" or "D.C."? Yes ☐ No ☐

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fee is not refundable.

Signature of Requester: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My commission expires: _____

REQUESTS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.